

APPLICATION FOR EMPLOYMENT
MILWAUKEE COUNTY

DEPARTMENT OF
HUMAN RESOURCES

Courthouse, Room 210
901 North 9th Street
Milwaukee, Wisconsin 53233

An Equal Opportunity Employer

Reject
Code

Operator's Initials _____
Score _____
RANK _____ Cont. _____
Oral _____
Language _____
T & E _____
Performance _____
Written _____
Subject to _____
VP Points _____
Analyst _____
Clear-Subject to _____
Date _____
Analyst _____

IMPORTANT

READ CAREFULLY BEFORE FILLING OUT YOUR APPLICATION

It is important that you notify the Department of Human Resources, in writing, of any change in your name, address or telephone number. You are subject to removal from the eligible list if you fail to provide this required information.

This application may be used for **ONE** examination announcement only. Submit an original application for each announcement. Reproduced applications cannot be accepted. Applications will not be returned. **RESUMES ARE NOT ACCEPTED AND MAY NOT BE ATTACHED OR SUBSTITUTED FOR THIS OFFICIAL APPLICATION IN WHOLE OR PART.**

PRINT OR TYPE ALL INFORMATION CLEARLY

EXAM NO: _____ TITLE CODE: _____ POSITION TITLE: _____

FIRST NAME: _____ M.I.: _____ LAST NAME: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS (LINE ONE): _____

ADDRESS (LINE TWO): _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: (_____) _____ MESSAGE PHONE: (_____) _____

When did you become a legal resident of Milwaukee County? Month: _____ Day: _____ Year: _____

Are you a legal resident of the State of Wisconsin? Yes _____ No _____

If you are not a United States citizen, you must have permission to work in the United States from the U.S. Immigration and Naturalization Service at the time of hiring.

Are you currently employed by Milwaukee County Government? Yes _____ No _____

Have you ever been employed by Milwaukee County? Yes _____ No _____

Have you ever been terminated for cause by Milwaukee County? Yes _____ No _____

If Yes, Department: _____ When: _____

Have you ever been terminated for cause from government employment? Yes _____ No _____

If Yes, Department: _____ When: _____

EDUCATION

For each level of education that applies to you, give name, city and state of last school attended. (Print or Type All Information Clearly)

SCHOOL	Dates Attended From To (Mo. Yr.) (Mo. Yr.)	Did you Graduate? Date of Graduation.	Course of study. Give major, minor, Type of program Pursued, etc.	Type of Document Awarded, i.e. Certificate, Diploma, etc.
High School, High School Equivalency Or G.E.D. (name) _____ (city) _____ (state) _____		Yes: ____ No: ____ ____ Mo. ____ Yr.		
COLLEGE (undergraduate) (name) _____ (city) _____ (state) _____		Yes: ____ No: ____ ____ Mo. ____ Yr.	Major: _____ Minor: _____ Credits: _____ Credits: _____	
COLLEGE (graduate) (name) _____ (city) _____ (state) _____		Yes: ____ No: ____ ____ Mo. ____ Yr.	Major: _____ Minor: _____ Credits: _____ Credits: _____	
BUSINESS OR TECHNICAL (name) _____ (city) _____ (state) _____		Yes: ____ No: ____ ____ Mo. ____ Yr.	Major: _____ Minor: _____ Credits: _____ Credits: _____	
OTHER (name) _____ (city) _____ (state) _____		Yes: ____ No: ____ ____ Mo. ____ Yr.	Major: _____ Minor: _____ Credits: _____ Credits: _____	

EXPERIENCE

Are you presently working? Yes _____ No _____
Does the Department of Human Resources have your permission to contact your present employer at this time? Yes _____ No _____

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Job Title: _____
Duties: _____
Reason for Leaving: _____
Name of Immediate Supervisor: _____
Title of Immediate Supervisor: _____

DATES OF EMPLOYMENT	
From: _____ (MM/DD/YY)	To: _____ (MM/DD/YY)
Total Time: _____ (Years) (Months)	
Full Time: ____ Paid: ____ Hours/Week: ____ Part Time: ____ Not Paid: ____	
Number of Employees Supervised: None: ____ Professional: ____ Non-Professional: ____	

EXPERIENCE (Cont'd)

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Job Title: _____
Duties: _____
Reason for Leaving: _____
Name of Immediate Supervisor: _____
Title of Immediate Supervisor: _____

DATES OF EMPLOYMENT	
From: _____ (MM/DD/YY)	To: _____ (MM/DD/YY)
Total Time: _____ (Years) (Months)	
Full Time: ____ Paid: ____ Hours/Week: ____ Part Time: ____ Not Paid: ____	
Number of Employees Supervised: None: ____ Professional: ____ Non-Professional: ____	

EXPERIENCE (Cont'd)

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Job Title: _____
Duties: _____

Reason for Leaving: _____
Name of Immediate Supervisor: _____
Title of Immediate Supervisor: _____

DATES OF EMPLOYMENT
From: _____ **To:** _____
(MM/DD/YY) (MM/DD/YY)
Total Time: _____
(Years) (Months)
Full Time: _____ Paid: _____ Hours/Week: _____
Part Time: _____ Not Paid: _____
Number of Employees Supervised:
None: _____
Professional: _____
Non-Professional: _____

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Job Title: _____
Duties: _____

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Part Time: _____ Not Paid: _____
Number of Employees Supervised:
None: _____
Professional: _____
Non-Professional: _____

ATTENTION: CAREFULLY READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION.

A false or incomplete answer to any question in this application may be grounds for not employing you, or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police records and former employers. All the information you give will be considered in reviewing your application.

Your complete application, together with any additional information specified on the examination announcement, must be received and time stamped in the Department of Human Resources office not later than 4:00 P.M. on the date, if specified, on the announcement. Incomplete or unsigned applications may not be processed.

CERTIFICATION: I CERTIFY that all of the statements made on this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Signature (In Ink) _____ Date Signed _____

SUPPLEMENTART DATA – Use the following space to explain, in detail, a previous item on this application or to add specific information that you feel may be of a qualifying nature or helpful to you in establishing your eligibility.

AUTHORIZATION TO RELEASE INFORMATION

I authorize you to provide Milwaukee County information regarding my employment record with your organization.

This information will be used to assist the Milwaukee County Department of Human Resources in determining my qualifications and fitness for County employment.

I hereby release your organization from any liability or damage whatsoever which may result because of furnishing such information.

Signature _____ Date _____

Social Security Number: _____

